PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | OR | OTHER THAN SMALL ENTITY | |
|--|--|---|---|----------------------|--|------------------|---|---------------------|------------------------|----|----------------------------|------------------------|
| U.S. NATIONAL STAGE FEES | | | (0.00,000) | | | | | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | SMALL ENT | . = \$ 150 | LARGE ENT. = \$ 300 | | | BASIC FEE | | OR | BASIC FEE | 3 00 |
| EXAMINATION FEE | | | Satisfies PCT A | | All other situations = \$ 100 / \$ 200 | | | EXAM. FEE | | | EXAM. FEE | 200 |
| SEARCH FEE | | | U.S. is ISA = \$ ALL other co \$ 200 / \$ | untries = | ALL other situations = \$ 250 / \$ 500 | | | SEARCH FEE | | | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | Z9 minus 100 = | | / 50 = | | | X \$ 125 = | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | minus 20 = | | * | | | X \$ 25 = | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | (n | ninus 3 = | * — | | | X \$ 100 = | | OR | X \$ 200 = | |
| MUL | TIPLE DEPEND | DENT CLAIM PRE | SENT | | | | : | + \$ 180 = | | OR | + \$ 360 = | |
| * If | the difference | in column 1 is l | ess than zer | o, enter " | 0" in col | " in column 2 | | TOTAL | | OR | TOTAL | 9W) |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL E | NTITY | OR | OTHER SMALL E | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | HEST IBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | 0 | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPEND | | | | CLAIM | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVI | HEST IBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus *** | | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". | | | | | | | | | | | | |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.